FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12", Ste. 1A Dec Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

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2010 OCT 29 AM 7: 45 FAX 10/28 PM

COMMITTEE NAME (Must be same as	on Statement of Organiz	ration) #564	_		
MURPHY FOR	2 57/4-10	REPRESENTA	7-7-6	FORM	
IMPORTANT: Indicate by # type of committee	e you are reporting for:	-	···	DR-2	DISCLOSURE
(1) Statewide/Legislative/Judge Standing for (4) County Central Committee (5) County Central Committee (5) County Central Candidate (8) County RAC (6)	20010000 / R W BV ('5560100)	6 /7\Cabaa Daaad aa OAL B-84	1 1	Rev. 12/2009)	REPORT
Subdivision Candidate (8)County PAC (9) 11) Local Ballot Issue	City PAC (10)School Bos	rd or Other Political Subdivision P	AC (or Office Use On	* 5/M
CANDIDATE COMMITTEES ONLY:				ogged in	
Candidate Name	•	Political Party (if applicable)	. 11		
PAT MURP	/	DEMOCRA			
Office Sought	OV TANDE	District (if Senate or House)	_ ^	udited	
Late reports are subject to possible civil and candidate's committee, and the chairperson,	oriminal penalties. Pursus	ant to Iowa Code sections 68B.3	2A(7) and 68	A.401(3), the can	ididate, for a
	A	under is the individual lesbousi	ole for ming t	iweià aug acchta	te reports.
Jet Pop		562-501-50	45	11 /20	1.
SIGNATURE OF PERSON FILING REPO	een say	3 90 3 7 2 7 37	22 <u> </u>	10/28/	0_
- TENOGREPO	71 1	TELEPHONE		DATES	GNED
IAMFILINGA 6CT. 3	\$ 2010	REPORT FOR (1) ELECTIO	N //ONON	EL BATION VE	. D
(report date)	7	Indicate b		ELECTION TEA	ur.
, , ,	DATES	· · · · · · · · · · · · · · · · · · ·	y # [<u>#</u>]		,
☐CHECK IF AMENDMENT TO REPORT	DATED		Local Com	mittees, enter Dat	e of Election
Check if this is final (termination) report	t and attach Notice of Di	ssolution Form DR-3			
(You must continue to file reports	s until a DR-3 is filed.)			ocal Committees,	enter County in
			-		
STATEMENT OF	CASH ON HAND				
		of all funds held by the	***************************************		
STATEMENT OF CASH ON HAND at the beginning of the recommittee. This amount MUST of the lest reporting period or mu	eporting period. (Total of be the same as the cast	on hand at the end	\$	<u>(4</u> ()(/. <u>32</u>
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For Instructions, See Back of Form

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Murphy And Proposition 10564	. —	CK THIS BOX IF NIDING FORM

SCHEDULE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF 10 NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	I APT I TRALIAL	MACH	
RECEIVED	(if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMQUNT RECEIVED.	√ IF FOR
(MM/DD/YR)	AND PAC CHECK		(if applicable)	. RECEIVED.	FUND- RAISER
	NUMBER		(ii approable)		INCOME
	ID#	LOHN CACCEATORE			
16/		1700 CASSARY		\$	1
9/5/10	CK#			100.00	ь
`	ID#	D. M. JA 503/5		7 00.23	
iot i	"	WESTON MIZLANEN			
115/12	CK#	1146 SUNSET UHLE		7500	. •
(1/6		L. A. CHUEFORNIPA 98009	` 	3500£	B
	ID#	IAMA BARABONO			
1611		1304 FEDERAL HOATS	•		
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interlar	CK#	1024 CANTER BORY			
16/10		BURLINGTON IA. 5269	1	25	
	ID#	ROW FEDEROCE	1		
0/.		3010 OBOR FORD	1		
16/10	CK#			50.	
1 1 10	L	Swaster = 52338	SUP TOTAL		
			SUB-TOTAL	s 4275	600.
		TOTAL (if last page	o of this pobodule!	SHAD	, ,

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by morriege). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule

For instructions, See Back of Form

For instructions, See Back of Form CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	•		SCHEDUL: A (Rev. 07/03	MONETARY
COMMITTEE NAME (Must be same as on State Munphy for Matt. Report STATE CANDIDATES NOTE: 15 A CONTRIBUTION IS DE	esentature II) 544	A	ECK THIS BOX IF MENDING FORM

NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND RAISER INCOME
0/1	ID#	GLENN PEGGY	·	s	INCOINE
16/10	CK#	15461 VALLEY BETTEN PORF IN 5272		75.—	
16/. 1	ID# CK#	17218 LOCHLAND			
1/6/10	1	L. D. 44. 51503		25.—	<u> </u>
19/6/10	ID# 9657 CK#/670	P.O. BOX 1756 D.M. IH. 50306		500.00	
10/1	ID#	TIBEN ED. COMM. 900 774 ST. N.W.			
116/10	7/269	WASH. D.C. 20001		250.€	
10/16/10	CK#	7720 N. MERRIE LAKE FOX POINT UT 5327		100.00	
10/11/10	ID# CK#	CAROL MASTER 199 COOLEAGUE WATERTOWN MA. 02471		1000.00	
10/19/10	ID# CK#	ERROR	,	700=	-
10/21/10	CK#/0003	TEAMSTERS (AD PAC 7\$22 UCYSTES STE (AD BLASTOLE, MN 55434	,	500	
10/21/10	CK# 1095	NECA PAC 2900 WESTOWNPWNY #	9	1000.00	
0/21/12	ID# CK#	P.O. BOK 18039			
7-770		D.M. # 603/2	SUB-TOTAL	39000	D.K.
		TOTAL (if last page of	of this schedule)	2)/00-	-0,00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on State MUSHY FO LATTLE REMIN			CK THIS BOX IF NDING FORM

SCHEDULE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 668.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	T ANYOUNG	r-r
RECEIVED	(if applicable)	TO THE TWO TEST OF CONTRIBUTOR	TO CANDIDATE*	RECEIVED	√ IF FOR FUNID.
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER
11/	10# 6056	BUILD FAC	*		NACOTALE
1921/1	CK# . Co TO	8800 NW GAND AVE		\$	
1-410	CK# 4039	JOHNSTONE, IA 50/3/		/000.92	
10/	10#	CHRIST & OFFUTT			
131/10	CK#	18 BROADWAY # 301		0000	L
/ /	ID#	TERROUGHEEK		/	
1dan	CK#	35 BOTHUNG ATT. 20	•		
12410		MY. N.Y. 10014	,	250 -	ļ
int i	ID#	LAURA RACKETTS			
/22/11	CK#	1615 W. ROSEHELL		4000.00	
100010	ID#	CHECAGO, IA 60660		- ruuse	
~ I	CK#	1004 SUNHAM	•	25.8	
72310	CN#	DRD IN 52001	,	A3	L
	ID#6021	COPAC			
0/23/11	CK#1656	P.O. BOX 10408		7500	
// ·/	ID#	D.M. ## 50306		1000	
125/10	1	GOI PENNSYLVANTA AVE N.W			
الما سم	CK#0/0/68	WASH, D.C. 20004		1000.00	· L
inte 1	ID#	COURTNEY PENDETOKIS			
0125/10	CK#	188 MARKETON RAG		1500 9	
1'-	ID#	CLEVE LAND TN 373/2		7-00-	
m/1		450 ANATOLE LY NW			
425/10	CK#	CLEVELAND YN 373/2		1500.00	L
, ,	1D#6264	TA AUTO RECYCLERS			
0/29/1	CK#	55 W 32ND		-	
טוןכיעו	1060	PUBUDUE ## 52001	•	2000-0	
			SUB-TOTAL	19,275.00	-0.K
		TOTAL (if last page	of this schedule)	* 1,000,00	'ما
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	1351

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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For Instructions, See Back of Form

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) MORDAY FOR STATE OF DESCRIPTION	, —	CK THIS BOX IF NDING FORM
MURNAY FOR STATE REPRESENTATIVE		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN, A LIST OF 1D NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIALLY CONTACT THE BOARD,

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
2/ /	ID#	STEUE FALCK			INCOME
0/23/10	CK#	1305 LOCUST 478 D.M. 74 50309		10000	L
18/1	ID#	PATIETUR MENUED	,	700-	
12610	CK#	2740 DOUGLAS AVE D. M. #A 50310		40000	<u> </u>
1dacola	ID#	realpot M WILL			
12010	CK#	PT. COLLENS CO. 80528		10000	<u> </u>
dolla	ID#	CAROLYN GAUKEL		-	<u> </u>
72910	CK#	416 4777 81. WPM TA. SOJ65	,	2000	· L
ologla	1D# 6485	KRAUSE GENTILE PAC WARD WESTOWN PRWY			<u></u>
122/10	CK# 1053	W DM TA 50266	•	20000	
Idaal.	ID#	8589 N. BARGER RD			
100/10	CK#	E. DBO TLL. 60/15		1000	L
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TOTAL (if last page of this schedule)

Page 4 of 4 (for Schedule A)

SCHEDULE

^{*} Disclosure law requires candidate committees to disclose the relationship of any retative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

1	B Rev. 07/03)	MONETARY EXPENDITURES			
	CHECK THIS BOX IF				

COMMITTE	E NAME (Must be	same as on Statement of Organization)		
Mur	rphy for	1 0	Tue insu	
DATE EXPENDED (MM/DD/YR)	CAMDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/19/10	ID# CK# //84	Jowa Democratic Party Steel Hear Drive New Momes Jowa 50	to state	\$10,000.00
10/21/10		Radio Mubugue 8th and Bust Mubugue, Sowa 52001	purchase of tradio advertising	1,302.00
مالادا	CK# /186	Patrick Murphy 166 N. Grandww Dwbygue, Inva 52001	Vseumburge Canadate An payment of tradio advertising @ Queen Bee R	348,00
17/10	CK#	Rupack Cricust Unine P.O. 130x 179 Rubuowe, Snow, 52004-0179	ATM transaction	. 54
مراند(0)	ID# CK#	Pupaco Creat Linux P.O. Box 179 Dubugue Sewa 52004-0179	ATM transaction	.54
10/24/10	ID# CK#	PO. BOX 179 000 TA. 53004	ATM TRANSACT	. 54
1924/10		PORALO C.U. P.O. BOX 179 DBQ IA 52004	ATM TRANSACTION FEES 4 TAX	.54
10/26/6	CK#//87	707 5441 FLUER DR P.M. 74 50321	CONTREBUTION	3000,00
		· · · · · · · · · · · · · · · · · · ·	SUB-TOTAL TOTAL (if last page of this schedule)	\$14352.16

THIS BOX APPL	JES T	O CANDIDATES!	COMMITTEES ONLY

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowe Code 68A.402(3)(i).)

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Page _		_ of	

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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES			
	CK THIS BOX IF NDING FORM			

4	PAY FOR	STA		es en phil	/e	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	ε	O ADDRESS TO WHOM XPENDITURE sement) WAS MADE	(DESCRIBE	IRPOSE TRANSACTION)	AMOUNT EXPENDED
0/26/10	CK#/88	FDP 5461 D.M.	FLUBE PA	CONTR	# BOTTON	5/7000 <u>0</u>
	CK#					
	ID# CK#					
	ID# CK#				:	
	ID# CK#					
	ID# CK#					
······	ID#	·		,	· · · · · · · · · · · · · · · · · · ·	
	CK#					
	CK#					
				TOTAL (if last p	SUB-TOTAL	1,000,
Purchases of c Expenditures to Schedule G by	o persons/entities pro	erty costing \$500 viding consulting, and date of each	or more must also be inver advertising, fund-raising, p	allina mananina oman	izion sendone must also	ha datali komizad an

2 2

FOR INSTRU	CTIONS, SEE BACK OF FORM				
	E NAME (Must be same as on Statement of Organiza	مانيه		SCHEDULE	IN-KIND
Muzo	ry for State Representation	(Rev. 06/97)	CONTRIBUTIONS		
7	The same of the sa		,07	CHECK	THIS BOX IF
	•	•		AMENDI	NG FORM
				<u> </u>	
DATE			·		
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER
10/21	James Carney Building		food a beverage		CONTRIBUTION
10/20/10	303 pount Sinest Das Mornes,	aux 50309	for Oct 13	200,00	
0/23/10	5661 FLUER DR.		MATER VOS	20.00	
	D. M. IN 50321			2858,00	
			·		
	*				
				· 	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as condidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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SUB-TOTAL

TOTAL (If tast page of this schedule)